

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 654-0391



January 4, 2000

Ms. Kathleen Farrell
Family and Children's Health Programs Group
Division of Integrated Health Systems
Health Care Financing Administration
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Farrell:

**SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR
FAMILY PLANNING, ACCESS, CARE, and TREATMENT (FAMILY PACT) PROGRAM**

The California Department of Health Services (DHS) is submitting the Family PACT Waiver Program list of services to the Health Care Financing Administration (HCFA) for its approval. This presentation of the list of services provided to Family PACT clients and the accompanying federal match for those services is to fulfill Item 6e. of the Family PACT Waiver Program Terms and Conditions.

The Department believes that the services and the corresponding federal matching rate comply with the "Revised Family Planning Coding Matrix for the Financial Management Review Guide-Information" as updated and interpreted by HCFA staff.

If you have further questions or require additional information, please contact Mr. Joseph A. Kelly, Chief of the Medi-Cal Policy Division, at (916) 657-1542, or Ms. Janet Olsen-Coyle, Chief of the County Demonstration Projects Unit, at (916) 657-0129.

Sincerely,

A handwritten signature in black ink, appearing to read "Stan Kosenstein".

Stan Kosenstein
Acting Deputy Director
Medical Care Services

Enclosure

cc: Ms. Meredith Merrill
Division of Medicaid
Health Care Financing Administration
75 Hawthorne Street, Fourth Floor
San Francisco, CA 94105

ANTICIPATED FFP DESIGNATIONS
FOR
FAMILY PACT PROCEDURE CODES

Introduction:

The California Department of Health Services (DHS), Office of Family Planning(OFP) recognizes that federal financial participation (FFP) for the Family PACT Section 1115 Waiver is limited to the provision of services for the management of family planning. The following designations for FFP are limited to the delivery of services for the management of family planning, These family planning services and the conditions under which they can be reimbursed by Family PACT are described in the *Family PACT Policy, Procedures, and Billing Instructions*.

Consistent with the Health Care Financing Administration’s Terms and Conditions for FFP, Family PACT procedure codes have been sorted according to:

- I. Outpatient Professional Visits: **Evaluation/Management And Education/Counseling**
- II. Outpatient Services For Contraception Method Management And Screening;
- III. Outpatient Services For Management Of Family Planning-Related Conditions;
- IV. Inpatient Family Planning And Family Planning-Related Services;
- V. Family PACT Formulary.

It is anticipated that under most circumstances, FFP designations for family planning services reimbursed by the Family PACT program will be as follows:

- I. OUTPATIENT PROFESSIONAL VISITS—EVALUATION AND MANAGEMENT; EDUCATIONAND COUNSELING. FFP 90%

<u>Code #</u>	<u>Procedures</u>
99201 -99204	New Patient
99211 ▪ 99214	Established Patient
29750–29775	Unique Family PACT Education and Counseling Codes

II. OUTPATIENT CONTRACEPTIVE METHOD MANAGEMENT AND PERIODIC SCREENING. FFP 90%

A. Procedures and Supplies

<u>Code #</u>	<u>Procedures/Supplies</u>
11975	Norplant Insertion
11976	Norplant Removal
11976ZM	Implant Removal
11977	Norplant Removal/Insertion
56301	Laparoscopy, Surgical, Fulguration
56301ZM/ZN	Laparoscopy Surgery, Fulguration
56302	Laparoscopy with Ring or Clip
56302ZM/ZN	Laparoscopy with Occlusion by Device
57170	Diaphragm/Cervical Cap Fitting
58300	Intrauterine Device (IUD) Insertion
58300ZM	Intrauterine Device (IUD) Insertion
58301	Intrauterine Device (IUD) Removal
58301ZM	Intrauterine Device (IUD) Removal
58600	Mini-Lap with Division of Fallopian Tubes
58600ZM/ZN	Ligation or Transection of Fallopian Tube(s)
58615	Occlusion of Fallopian Tubes by Device
58615ZM/ZN	Occlusion of Fallopian Tubes by Device
29780	Vasectomy
Z9780ZM	Removal of Sperm Duct(s)
99241-45	Consultation Office (?)
X7913	Administration Hepatitis B Vaccine
X7914	Administration Hepatitis B Vaccine
Z5218	Blood Draw
25220	Blood Draw Exam

B. Laboratory Services

<u>Code #</u>	<u>Laboratory</u>
80058	Hepatic Function Panel
80061	Lipid Panel
81000	Urinalysis
81001	Automated UA with microscopy
81002	Non-automated UA with microscopy
81003	Automated UA without microscopy
81005	UA qualitative/semi quantitative
81015	Urinalysis Microscopic
81025	Urine Pregnancy Test
82465	Cholesterol
82947	Glucose
82951	2-Hour Glucose Tolerance Test (GTT)

83001	Follicle Stimulating Hormone (FSH)
83002	Luteinizing Hormone (LH)
83986	PH Determination
84144	Progesterone
84146	Prolactin
84443	Thyroid Stimulating Hormone (TSH)
85013	Hematocrit
85014	Hematocrit
85018	Hemoglobin
86592	Syphilis Qualitative Test (VDRL, RPL)
86689	Human ImmunodeficiencyVirus Confirmation
86701	Human ImmunodeficiencyVirus (HIV I)
86702	Human Immunodeficiency Virus (HIV II)
86703	Human ImmunodeficiencyVirus (Combined)
86704	Hepatitis B core antibody
87081	Gonococcal Culture
87110	Chlamydia Culture
87270	Chlamydia DFA
87285	Treponema DFA
87320	Chlamydia EIA
87340	Hepatitis B Surface Antigen
87490	Chlamydia DNA Probe
87491	Chlamydia with Amplification
87590	GC DNA Prob.
87591	GCDNA with Amplif.
88141	Pap Smear
88142	Cervical or Vaginal Cytopathology
88143	Cervical/vaginal Cytopathology
88144	Cervical/vaginal Cytopathology
88145	Cervical/vaginal Cytopathology
88147	Cytopathology Smears, Cervical/Vaginal
88148	Cytopathology Smears, Cervical/Vaginal
88150	Pap Smear(s)
88152	Vaginal Cytotechnology screening/rescreening
89300	Semen Analysis
89320	Complete Semen Analysis
89330	Cervical Mucous Penetration Test

III. OUTPATIENT SERVICES FOR MANAGEMENT OF FAMILY PLANNING-RELATED CONDITIONS; FMAP Rate.

(FFP available only when procedure is provided specific to the management of a contraceptive method.)

A. Procedures and Supplies

<u>Code #</u>	<u>Procedure/Supplies</u>
10060	Incision and Drainage of Abscess
10140	Incision and Drainage of Hematoma
36000	Intravenous (W) - Vascular Injection
36425	Venipuncture/Cutdown
49020	Drainage of Peritoneal Abscess
49080	Peritoneocentesis
49085	Removal of Peritoneal Foreign Body
54050	Destruction of Lesions Of Penis
54055	Electrodesiccation of Penis
54056	Cryosurgery
54100	Biopsy of Penis
54520	Orchiectomy Simple (TAR Required)
54670	Suture/Repair of Testicular Injury
54700	Incision and Drainage of Epididymis
54820	Expl. of Epididymis With or Without Biopsy
55100	Drainage of Scrotal Wall Abscess
55110	Scrotal Exploration
55520	Exc. of lesion of spermatic cord
56300	Laparoscopy
56350	Hysteroscopy
56355	Hysteroscopy, Surgical
56501	Destruction of Lesions of Vulva/Perineum
56501ZM	Destruction of Vulvar Lesion(s)
57061	Destruction of Vaginal Lesion(s)
57061ZM	Destruction of Vaginal Lesion(s)
57452	Colposcopy without Biopsy
57452ZM	Colposcopy without Biopsy
57454	Colposcopy with Biopsy
57454ZM	Colposcopy with Biopsy
57460	Loop Electrode Excision Procedure (LEEP)
57460ZM	Loop Electrode Excision Procedure (LEEP)
57500	Biopsy/excision of Cervical Lesion
57500ZM	Excisional Biopsy
57510	Cauterization of Cervix
57511	Cauterization of cervix: cryocautery initial or repeat
57511ZM	Cryosurgery
57513	Cauterization of Cervix
57720	Trachelorrhaphy
58100	Endometrial Sampling

581 20	Dilatation and Curettage
71 020	Radiologic Examination
74000	Radiologic Exam of Abdomen
75741	Angiography
75820	Venography
75822	Venography Bilateral
76090	Mammography Unilateral
76856	Echography Pelvic
76880	Echography Extremity
78455	Radioactive Fibrinogen Scan
78457	Venous Thrombosis Imaging Unilateral
78458	Venous Thrombosis Imaging Bilateral
78596	Pulmonary Quantitative Differential Function
90780	Intravenous (IV) Infusion (1 hour)
93000	Electrocardiogram
93307	Echocardiography
93965	Plethysmography
93970	Scan of Extremity Veins
93971	Limited Study of Extremity Veins

B. Laboratory Services

<u>Code ##</u>	<u>Laboratory</u>
85002	Bleeding Time
85007	Manual Blood Count, Differential
85008	Manual Blood Smear, Differential
85021	Hemogram Automated
85022	Hemogram Automated, Manual Differential
85023	Hemogram & Platelet Count, Automated, Manual Differential
85024	Hemogram & Platelet Count, Automated, Partial Differential
85025	Hemogram & Platelet Count, Automated, Complete Differential
85027	Hemogram & Platelet Count, Automated
85031	Hemogram Manual
85610	Pro-Time
85651	Erythrocyte Sedimentation Rate (ESR)
85652	Erythrocyte Sedimentation Rate, Automated (ESR)
85730	Thromboplastin Time
86593	Syphilis Titer, Quantitative Test
86781	Treponema Pallidum Confirmatory
87086	Urine Culture with Colony Count
87164	Dark Field Exam.
87166	Dark Field Exam
87181	Sensitivity Studies Antibiotic
87184	Sensitivity Studies Antibiotic
87186	Sensitivity Studies Antibiotic

87205	Gram Stain Smear
87207	Herpes Simplex Virus (HSV) Smear
87210	Wet Mount
87252	Herpes Simplex Virus (HSV) Culture
87274	HSV DFA
88302-05	Surgical Pathology

IV. INPATIENT FAMILY PLANNING AND FAMILY PLANNING-RELATED SERVICES.
FFP 0%

<u>Code #</u>	<u>Procedures</u>
10061	Incision and Drainage - Complicated
10180	Incision and Drainage-Complex Wound Infec.
49000	Exploratory Laparotomy
58150	Total Abdominal Hysterectomy (TAR Required)
82803	Blood Gases
82805	Blood Gases with Oxygen Saturation
82810	Blood Gases by Direct Measurement
90781	Intravenous (IV) Infusion for up to 8-hours
99221-3	Initial Hospital Care
99231-3	Subsequent Hospital Care
99238-9	Discharge Day Management
99251-55	Consultation, Inpatient

V. FORMULARY FOR FAMILY PACT (ATTACHED)

Pharmaceuticals provided for the management of a family planning method would qualify for **90% FFP**.

Pharmaceuticals provided for the management of a family planning-related condition would qualify for the **FMAP Rate**. These would include anti-fungals, anti-infectives, anti-virals, and topicals.

Note: The ***The Family PACT Policy, Procedures, and Billing Instructions*** provides a comprehensive, detailed description of all codes and their conditions for use approved for the Family PACT benefits package.

rs10:waiver ffp distribution 121599

FAMILY PACT PHARMACY FORMULARY

Selected pages from the *Family PACT Policy, Procedures, and Billing Instructions (3/99)*



Family PACT Pharmacy Formulaw: Drugs

Prescription and Over-The-Counter Drugs

ACYCLOVIR				
Capsules	200 mg			ea
Tablets	400 mg			ea
	800 mg			ea
AMOXICILLIN/CLAVULANATE POTASSIUM				
Tablets	250 mg			ea
	400 mg			ea
	500 mg			ea
	875 mg			ea
AZITHROMYCIN				
Packet	1 Gm			ea
Tablets/Capsules	250 mg			ea
BUTOCONAZOLE NITRATE				
Vaginal cream	2 %	28 Gm		Gm
Vaginal cream (prefilled applicator)	2 %	5 Gm		Gm
CEFIXIME				
Tablet	200 mg			ea
	400 mg			ea
CEFOXITIN SODIUM				
Injection	1 Gm			ea
	2 Gm			ea
CEFTRIAXONE SODIUM				
Powder for injection	250 mg			ea
injection	250 mg			cc
CEPHALEXIN				
Capsules	250 mg			ea
	500 mg			ea

Family PACT Pharmacy Formulary: Drugs (continued)

CIPROFLOXACIN Tablets	250 mg	ea
	500 mg	ea
CLINDAMYCIN HYDROCHLORIDE Capsules	75 mg	ea
	150 mg	ea
CLINDAMYCIN PHOSPHATE Vaginal cream	2 %	Gm
CLOTRIMAZOLE Vaginal tablets	100 mg	ea
	500 mg	ea
	1 %	Gm
DESOGESTREL AND ETHINYL ESTRADIOL Tablets	0.15 mg = 30 mcg	
	Tablets from 21 tablet packet	ea
	Tablets from 28 tablet packet	ea
(Payment limited to a minimum dispensing quantity of three cycles.)		
DIPHENHYDRAMINE HYDROCHLORIDE Tablets or Capsules	25 mg	ea
	50 mg	ea
DOXYCYCLINE HYCLATE Capsules	50 mg	ea
	100 mg	ea
	100 mg	ea
ESTROGENS, CONJUGATED Tablets or Capsules	0.3 mg	ea
	0.625 mg	ea
	0.9 mg	ea
	1.25 mg	ea
	2.5 mg	ea

Familv PACT Pharmacy Formulaw: Druas (continued)

ETHINYL ESTRADIOL		
Tablets	0.01 mg	ea
	0.02 mg	ea
	0.05 mg	ea
	0.5 mg	ea

ETHYNODIOL DIACETATE AND ETHINYL ESTRADIOL			
Tablets	1mg = 35mcg	Tablets from 21-tablet packet	ea
		Tablets from 28-tablet packet	ea
	1mg = 50mcg	Tablets from 21-tablet packet	ea
		Tablets from 28-tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

FAMCICLOVIR		
Tablets	125 mg	ea
	250 mg	ea
	500 mg	ea

FLUCONAZOLE		
Tablets	150 mg	ea

LEVONORGESTREL AND ETHINYL ESTRADIOL			
Tablets	0.1 mg-20 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
	0.15 mg-30 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
Tablets from 6/5/10 combination packet			
	(21 tablets/packet)		ea
		6 x 0.05 mg/30 mcg	
		5 x 0.075 mg/40 mcg	
		10 x 0.125 mg/30 mcg	
	(28 tablets/packet)		ea
		6 x 0.05 mg/30 mcg	
		5 x 0.075 mg/40 mcg	
		10 x 0.125 mg/30 mcg	
		7 x inert	

(Payment limited to a minimum dispensing quantity of three cycles.)

MEDROXYPROGESTERONE ACETATE		
Injection	150 mg	cc
Disposable syringes	150 mg	cc

Family PACT Pharmacy Formulary: Drugs (continued)

METRONDAZOLE			
Oral tablets	250 mg		ea
	500 mg		ea
Vaginal gel	0.75 %		Gm
MICONAZOLE NITRATE			
Vaginal suppositories	100 mg		ea
	200 mg		ea
Vaginal cream	2 %		Gm
Dual package			
(15 Gm topical cream 2% and 3 vaginal suppositories 200 mg)			ea package
NITROFURANTOIN			
Capsules (macrocrystals only)	50 mg		ea
	100 mg		ea
Capsules (monohydrate/ macrocrystals)	100 mg		ea
NONOXYNOL9 – Contraceptive cream, foam, jelly or suppository			
Cream with applicator or refill			Gm
Foam with applicator or refill			Gm
Suppositories with or without applicator			ea
Suppositories, vaginal film			ea
NORETHINDRONE			
Tablets 0.35 mg	Tablets from 28 tablet packet		ea
(Payment limited to a minimum dispensing quantity of three cycles.)			
NORETHINDRONE AND ETHINYL ESTRADIOL			
Tablets 0.4 mg – 35 mcg	Tablets from 21 tablet packet		ea
	Tablets from 28 tablet packet		ea
0.5 mg – 35 mcg	Tablets from 21 tablet packet		ea
	Tablets from 28 tablet packet		ea
1 mg – 20 mcg	Tablets from 21 tablet packet		ea
	Tablets from 28 tablet packet		ea
1 mg – 35 mcg	Tablets from 21 tablet packet		ea
	Tablets from 28 tablet packet		ea
1 mg – 50 mcg	Tablets from 21 tablet packet		ea
	Tablets from 28 tablet packet		ea
1.5 mg – 30 mcg	Tablets from 21 tablet packet		ea
	Tablets from 28 tablet packet		ea
Tablets from 7/7/7 combination packet			
(21 Tablets/package)	7 x 0.5mg/35mcg		
	7 x 0.75 mg/35mcg		
	7 x 1.0 mg/35mcg		ea
(Payment limited to a minimum dispensing quantity of three cycles.)			

Family PACT Pharmacy Formulaw: Drugs (continued)

NORETHINDRONEAND ETHINYL ESTRADIOL (continued)

Tablets from 7/7/7 combination packet (28 Tablets/packet)	7 x 0.5 mg/35mcg	ea
	7 x 0.75 mg/35mcg	
	7 x 1.0 mg/35mcg	
	7 inert	
Tablets from 7/9/5 combination packet (21 Tablets/packet)	7 x 0.5 mg/35mcg	ea
	9 x 1.0 mg/35mcg	
	5 x 0.5 mg/35mcg	
Tablets from 7/9/5 combination packet (28 Tablets/packet)	7 x 0.5 mg/35mcg	ea
	9 x 1.0 mg/35mcg	
	5 x 0.5 mg/35mcg	
	7 inert	

(Payment limited to a minimum dispensing quantity of three cycles.)

NORETHINDRONEAND MESTRANOL

Tablets	1 mg = 50 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea

(Payment limited to a minimum dispensing quantity of three cycles.)

NORGESTIMATE AND ETHINYL ESTRADIOL

Tablets	0.25 mg = 35 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
<hr/>			
Tablets from 7/7/7 combination packet (21 Tablets/packet)		7 x 0.180 mg/35 mcg	ea
		7 x 0.215 mg/35 mcg	
		7 x 0.250 mg/35 mcg	
Tablets from 7/7/7 combination packet (28 Tablets/packet)		7 x 0.180 mg/35 mcg	ea
		7 x 0.215 mg/35 mcg	
		7 x 0.250mg/35 mcg	
		7 x Inert	

(Payment limited to a minimum dispensing quantity of three cycles.)

NORGESTREL

Tablets	0.075mg	ea
---------	---------	----

Familv PACT Pharmacy Formulary: Drugs (continued)

NORGESTRELAND ETHINYL ESTRADIOL			
Tablets	0.3 mg – 30 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
Tablets	0.5 mg – 50 mcg	Tablets from 21 tablet packet	ea
		Tablets from 28 tablet packet	ea
(Payment limited to a minimum dispensing quantity of three cycles.)			

OFLOXACIN			
Tablets		200 mg	ea
		300 mg	ea
		400 mg	ea

PENICILLING BENZATHINE			
Injection		300,000 u/cc	cc
		600,000 u/cc	cc
		1,200,000 u/cc	2 cc
		2,400,000 u/cc	4 cc

PODOFILOX			
Topical Gel		0.5 %	Gm

PODOPHYLLUMRESIN			
Liquid		25 %	cc

PROBENECID			
Tablets		500 mg	ea

SULFAMETHOWVOLEAND TRIMETHOPRIM			
Tablets		400/80 mg	ea
Double strength tablets		800/160 mg	ea

TERCONAZOLE			
Vaginal cream		0.4 %	Gm
		0.8 %	Gm
Vaginal suppositories		80 mg	ea

VALACYCLOVIR HCL			
Tablets		500 mg	ea

Familv PACT Pharmacy Formularv: Supplies

CONDOMS	
Male	ea
Female	ea
DIAPHRAGM	
Diaphragm	ea
Kit	ea
LUBRICATINGJELLY	Gm
THERMOMETER, BASAL	ea

Anti-Fungals

Butoconazole Nitrate
Clotrimazole
Fluconazole
Miconazole Nitrate
Terconazole

Anti-Infectives

Amoxicillin/Clavulanate
Azithromycin
Cefixime
Cefoxitin Sodium
Ceftriaxone Sodium
Cephalexin
Ciprofloxacin
Clindamycin HCl
Clindamycin Phosphate
Doxycycline Hyclate
Metronidazole
Nitrofurantoin
Ofloxacin
Penicillin G Benzathine
Sulfamethoxazole/Trimethoprim

Anti-Virals

Acyclovir
Famciclovir
Valacyclovir HCl

Hormones

Estrogens, Conjugated
Ethinyl Estradiol

Medical Supplies

Basal Thermometer
Condoms
Diaphragm
Lubricating Jelly

Oral Contraceptives

Monophasic
Desogestrel/Ethinyl Estradiol
Ethinodioldiacetate/Ethinyl Estradiol
Levonorgestrel/Ethinyl Estradiol
Norethindrone/Ethinyl Estradiol
Norethindrone/Mestranol
Norgestimate/Ethinyl Estradiol
Norgestrel/Ethinyl Estradiol
Progestin Only
Norethindrone
Norgestrel
Triphasic
Levonorgestrel/Ethinyl Estradiol
Norethindrone/Ethinyl Estradiol
Norgestimate/Ethinyl Estradiol

Topicals

Podofilox
Podophyllum Resin

Miscellaneous

DiphenhydramineHCl
Medroxyprogesterone Acetate
Nonoxynol 9
Probenecid